
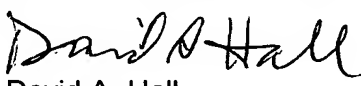


<b>TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	39908-6214
	First named inventor	Anand Kumar
	Express mail label #	EL964456455US
	Date of mailing	<u>November 10, 2003</u>
<b>Application Elements</b>		<b>Accompanying Application Papers</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form  2. <input checked="" type="checkbox"/> Specification containing 42 pages (including Claims and Abstract). a. Title: HIGH DATA RATE COMMUNICATION SYSTEM FOR WIRELESS APPLICATIONS  b. Number of claims: 39  3. <input checked="" type="checkbox"/> 14 sheets of drawings  4. <input type="checkbox"/> Declaration  5. <input type="checkbox"/> Sequence Listing  <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement		6. <input type="checkbox"/> Copy of assignment documents from parent applications  7. <input type="checkbox"/> Preliminary Amendment  8. <input checked="" type="checkbox"/> Return Receipt Postcard  9. <input type="checkbox"/> Small Entity Statement  10. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.  <div style="text-align: right;">  </div> <div> <b>SIGNATURE OF ATTORNEY/AGENT</b>           HELLER EHRMAN WHITE &amp; McAULIFFE LLP             David A. Hall          Registration Number: 32,233       </div>
<input type="checkbox"/> Benefit of priority:		
<b>CORRESPONDENCE ADDRESS</b>		
NAME	David A. Hall Registration No. 32,233 Heller Ehrman White & McAuliffe LLP	
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246	
	Telephone: (858) 450-8400	Facsimile: (858) 587-5360

<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	39908-6214
	First named inventor	Anand Kumar
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### FEE CALCULATION FOR CLAIMS AS AMENDED


a)	Basic Fee	\$770/\$385	\$385.00
b)	Independent Claims	<u>5</u> - 3 = <u>2</u> x \$86/\$43	\$ 86.00
c)	Total Claims	<u>39</u> - 20 = <u>19</u> x \$18/\$9	\$171.00
d)	Fee for Multiple Dependent Claims	= \$280/\$140	\$ 0.00
<b>TOTAL FILING FEE</b>			<b>\$642.00</b>

☒ Applicant is a small entity.

☒ A check is enclosed in the amount of \$642.00 to cover the fee for filing the application.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-1213.

☒ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246				
	Telephone: (858) 450-8400			Facsimile: (858) 587-5360	
Submitted by:					
Typed or printed name	David A. Hall			Reg. Number	32,233
Signature		Date	11/10/03	Deposit Account	50-1213